

Fee Schedule



State of Rhode Island

Department of Human Services

Office of Rehabilitation Services

TABLE OF CONTENTS

I. INTRODUCTION

- ◆ Use of Fee Schedule.....Page 1
- ◆ Systems ApplicationPage 1

II. VOCATIONAL PREPARATION AND SUPPORT SERVICES

- ◆ Community Rehabilitation Program OverviewPage 2
- ◆ Community Rehabilitation Services (Grid)Page 3
- ◆ Community Rehabilitation Service Providers (Contact List)Page 6
- ◆ Employment ServicesPage 10
- ◆ Supported EmploymentPage 14
- ◆ Work Adjustment ServicesPage 17
- ◆ Head Injury ServicesPage 18
- ◆ Skills Training.....Page 20
- ◆ Special ServicesPage 22
- ◆ Driving Evaluations/Driver Training/Travel Training.....Page 29
- ◆ Child Care Services.....Page 33

III. MEDICAL AND PSYCHOLOGICAL SUPPORT SERVICES

- ◆ Program Requirements.....Page 39
- ◆ General Medical ServicesPage 40
- ◆ Dental ServicesPage 42
- ◆ Hospital Based Clinics.....Page 43
- ◆ Occupational Therapy and Physical Therapy Services.....Page 44
- ◆ Vision ServicesPage 45
- ◆ Hearing and Speech ServicesPage 46
- ◆ Psychological, Neuropsychological, Therapeutic ServicesPage 48

Appendix A ORS Client Interpreter Service RequestPage 50

Appendix B DeletedPage 51

Appendix C ORS/Goodwill Fee SchedulePage 52

Revision – June, 2002

Remove and Replace:

Table of Contents - i

Page 4 – Changes to South Shore Service Grid, and Sargent Service Grid

Page 5 – Change to Shake-A-Leg – no longer work in progress

Page 7- Changes to Goodwill contact person and Fogarty Center Contact List

Page 20 – Goodwill services - Voc Eval/Situational Assessment explanation

Page 23 – Shake-A-Leg – service description added

Page 25 – PARI address and phone added and rates for PCA (9401) changed

Page 26 – Interpreter Service – Language descriptor changes

Page 27/28 – TechACCESS rate changes

Add to your Fee Schedule:

Page ii – List of Revision Dates

Page 50 – Appendix A – ORS Client Interpreter Service Request

Page 51 – Appendix B – Non-Client Interpreter Service Request

Page 52 – Appendix C – ORS/Goodwill Fee Schedule Flowsheet

Revision – September, 2003

Remove and Replace:

Page ii – Remove and Replace

Page 26 – Changes to Interpreters for the Deaf and/or Deaf/Blind

Appendix A – Replaced with new interpreter referral process

Appendix B – Deleted – Replace with Blank Page

Page 23 – Deleted PWI; Work Prep; Added Service Code 4039 to Shake A Leg

Page 24 – Delete – Replace with Blank Page

Page 44 – Full Functional Capacity Evaluation – Fee for service rate increase to \$450.

Table of Contents – New table of contents

Revision – September, 2004

Complete manual under Reconstruction

Revision – June, 2005

Page 13 – Added in RI School for the Deaf – Summer Work Prep Assessment

Page 34 & 35 – Changes to Child Care Weekly Payment Rate Schedules

INTRODUCTION

The intended use of this manual is to identify services that will be necessary to assist individuals to reach their employment goals. All services and vendors are not listed in the fee schedule. See the ORS Vendor/Service Code Manual – which includes a comprehensive list of Service Codes and Vendors.

The Fee Schedule should never be used in place of the ORS Policy Manual. The Policy Manual should be reviewed prior to authorization for clarification and specific guidelines for given services.

Use of Fee Schedule

Once the needed service is identified, you will find the service code in parenthesis along with the fee-for-service. General descriptors of the service, sequence of payments and requirements for reports are also addressed in sections describing frequently used rehabilitation services.

Systems Application

In addition to the hard copy and alternate formats, the fee schedule is located in the Public File directory in the folder named “ORS FEE SCHEDULE10.2001”.

As stated above, vendors that are not listed in the fee schedule can be located using “option 16” (Vendor Lookup by Service Code) on the “Client Ready Menu” of the M.I.S system. When using “option 16” you will be prompted to enter a service code. When the service code is entered, a “drop-down” window will appear, listing all vendors used for that particular service code. If a vendor is not used for three years, that vendor will automatically “retire” from the M.I.S system.

VOCATIONAL PREPARATION AND SUPPORT SERVICES

Community Rehabilitation Program Overview

The Vocational Rehabilitation Program is designed to access, plan, develop, and provide vocational services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choices, so that such individuals may prepare for and engage in gainful employment.

The Office of Rehabilitation Services currently purchases services from over 40 organizations called Community Rehabilitation Programs (CRP) enabling varied choices throughout the rehabilitation process. Services typically begin with evaluation and assessment and end with employment. Our community-based partners are largely nonprofit organizations whose focus and specialization may be in one or more area of disability. The barriers to employment that are addressed by our providers include physical disabilities, mental health, developmental disabilities, blind and visually impaired, deaf and hard of hearing, head injuries, and learning disabilities.

CRP providers are an integral component of service-delivery, bridging the gap between vocational rehabilitation and employment for individuals receiving vocational rehabilitation counseling through the Office of Rehabilitation Services.

CRP providers and ORS share a common mission – a focus on client-centered planning to empower individuals with disabilities to make choices that will facilitate employment and independence.

MATRIX OF APPROVED PROVIDERS OF VOCATIONAL REHABILITATION SERVICES

[\(Click Here for Text Version\)](#)

Included: Name of provider; disability population served; key for type of approved service(s). Please review specific pages in Fee Schedule for complete information. A comprehensive list of vendors with necessary identifying information follows Matrix.

KEY: VE = Vocational Evaluation TLJC = Time-Limited Job Coaching SKT = Skills Training
 IPP = Individual Pre-placement Assessment WA = Work Adjustment
 SE = Supported Employment Services (array) JDP = Job Development/Placement (Non SE)

<u>VENDORS</u>	Vocational Evaluation	IPP	SE	JDP	WA	TLJC	SKT
<i>Developmental Disabilities</i>							
Adeline LaPlante	X	X	X		X	X	
Avatar, Inc.			X			X	
Community Connections, Inc., Massachusetts		X	X			X	
Community Living of Rhode Island		X	X				
Groden Center		X	X			X	
L.I.F.E., Inc.	X	X	X			X	
Ocean State Community Resources		X	X			X	
Training Thru Placement	X	X	X		X		
Goodwill Industries of RI	X	X	X	X		X	X
ARC of Northern RI	X	X	X		X	X	
Blackstone Valley Chapter RIARC	X	X	X		X	X	
Cranston Regional RIARC (Easter Seal)	X	X	X		X	X	
John E. Fogarty Center (Providence Chapter RIARC)	X	X	X		X	X	
Newport County Chapter RIARC (Maher Center)	X	X	X		X	X	
Westerly-Chariho Regional Center (Napatree/Olean Center)	X	X	X		X	X	
Trudeau Center (Kent County RIARC)	X	X	X		X	X	
Bridges, Inc.		X	X				
Gateways to Change	X	X	X	X		X	
Looking Upwards, Inc.	X	X	X	X	X	X	
Perspectives, Inc.		X	X	X		X	
Refocus, Inc.		X	X	X		X	
Spurwink School II	X	X	X	X			
West Bay Residential Services, Inc.		X	X	X		X	
Work Opportunities Unlimited		X	X	X		X	

<u>VENDORS</u>	VE	IPP	SE	JDP	WA	TLJC	SKT
<i>Mental Health</i>							
Community Counseling Center		X	X	X		X	
East Bay Mental Health	X	X	X	X		X	
Kent County Mental Health Center		X	X			X	
Mental Health Services	X	X	X			X	
Newport County Community Mental Health Center		X	X			X	
Northern RI Community Services Inc.	X	X	X			X	
Providence Center		X	X			X	
Riverwood Mental Health Services		X	X			X	
South Shore Mental Health Center	X	X	X	X		X	
Goodwill Industries of RI	X	X	X	X		X	X

<i>Youth Transition Services – See <u>Special Services</u></i>							
East Bay Transition Center							
Northern RI Transition Center							
Providence Transition Center							
Southern RI Transition Center							
West Bay Transition Center							

<i>Head Injury</i>							
Sargent Rehabilitation Center	X	X		X		X	
Goodwill Industries of RI (see “Re-Entry” Program)							

<i>Visually Impaired</i>							
In-Sight	X						X
Carroll Center for the Blind		X		X		X	

<u>VENDORS</u>	VE	IPP	SE	JDP	WA	TLJC	SKT
<i>Deaf and Hard of Hearing</i>							
Corliss Institute		X	X			X	
Goodwill Industries of Rhode Island	X	X	X	X		X	X

<i>Skill Training</i>							
People in Partnerships						X	X

<i>Special Services – See Fee Schedule</i>							
Career Connections				X		X	
Tech Access							
PARI							
Shake-A-Leg							

***Vendors are categorized by their primary disability services and are not limited in these areas. They may offer services to other disability groups.**

CRP VENDOR CONTACT LIST

[\(Click Here for Text Version\)](#)

VENDOR	ADDRESS	PHONE*	FAX	CONTACT PERSON
<i>Adeline LaPlante Memorial Center</i>	P.O. Box 56 Peacedale, RI 02883	789-3081	782-8481	Lynn McGee
<i>Arc of Northern RI</i>	320 Main Street Woonsocket, RI 02895	765-3700	765-1124	Dorothy Zanella
<i>AVATAR, Inc.</i>	33 College Hill Road, Bldg. 33A Warwick, RI 02886	826-7500	826-7503	Kathleen Ellis
<i>Blackstone Valley Chapter RIARC</i>	115 Manton Street Pawtucket, RI 02861	727-0150	727-0153	Peter Holden
<i>Bridges, Inc.</i>	P.O. Box 263 Jamestown, RI 02835	423-1153	423-3879	Anita Fleckenstein
<i>Career Connections</i>	423 George Arden Avenue Warwick, RI 02886	738-4010	TBA	Pam Tonry
<i>Carroll Center for the Blind</i>	770 Centre Street Newton, MA 02458	617-969-6200	617-969-6204	Rabi Dow
<i>Community Connections Inc.</i>	400 Rhode Island Avenue Fall River, MA 02721	508-678-1210		Debra Oliveira
<i>Community Counseling Center</i>	101 Bacon Street Pawtucket, RI 02860	722-3560	724-3120	Michael Braet
<i>Community Living of RI</i>	200 Centerville Rd., Ste. 6 Warwick, RI 02886	739-9006	739-6009	Robert Sasseville
<i>Cranston Regional RIARC</i>	60 Stamp Farm Road Cranston, RI 02921	942-3445	943-8723	Rory Carmody
<i>Corliss Institute</i>	292 Main Street Warren, RI 02885	245-3609 245-2223 TTY	245-9565	Mary Ellen Baxter-Breen
<i>Cove Center Inc.</i>	610 Manton Avenue Providence, RI 02909	751-0459	751-2260	Michael Smith
<i>East Bay Educational Collaborative</i>	317 Market Street Warren, RI 02885	245-2045	245-9332	Carolyn Aspinwall
<i>East Bay Mental Health Ctr.</i>	2 Old County Road Barrington, RI 02806	246-1195	246-1985	Ann Boyd

* For vendors without a TTY line, please use RI Relay at 711.

CRP VENDOR CONTACT LIST (cont'd)

VENDOR	ADDRESS	PHONE	FAX	CONTACT PERSON
<i>Gateways to Change</i>	11 Knight Street Warwick, RI 02886	463-0000	463-0010	Catherine McGillvary
<i>Goodwill Industries of RI</i>	100 Houghton Street Providence, RI 02904	861-2080	454-0889	Lori Norris
<i>Groden Center</i>	610 Manton Avenue Providence, RI 02909	274-6310	421-3280	Demi Caris
<i>In-Sight</i>	43 Jefferson Boulevard Warwick, RI 02888	941-3322	941-3356	Judith Smith
<i>John E. Fogarty Center</i>	220 Woonasquatucket Ave. North Providence, RI 02911	353-7000	353-0320	Catherine Procaccini
<i>Kent County Mental Health Center</i>	50 Health Lane Warwick, RI 02886	738-4300	738-7718	Susan Medeiros
<i>L.I.F.E., Inc.</i>	P.O. Box 449 Tiverton, RI 02878	254-2910	254-2912	Lawrence Wiedenhofer
<i>Looking Upwards Inc.</i>	Irongate II, 438 East Main Rd., P.O. Box 4289 Middletown, RI 02842	847-0960	849-0290	Alexis McHugh
<i>Mental Health Services</i>	1447 Hartford Avenue Johnston, RI 02919	273-8100	861-8696	Paul Teixeira
<i>Newport County Chapter RIARC</i>	P.O. Box 4390 Middletown, RI 02842	846-4600	849-4267	Marjorie Levesque
<i>Newport County Community Mental Health Center</i>	127 Johnnycake Hill Road Middletown, RI 02842	846-1213	848-9151	F.L. Paranzino
<i>Northern RI Community Services Inc.</i>	P.O. Box 1700 Woonsocket, RI 02895	766-3330	767-9177	Judy Bolzani
<i>Northern RI Educational Collaborative</i>	2352 Mendon Road Cumberland, RI 02864	658-5790 658-5795 TDD	658-4012	Marie L. Hanley
<i>OSCIL</i>	1944 Warwick Avenue Warwick, RI 02889	738-1013	738-1083	Lorna Ricci

CRP VENDOR CONTACT LIST (cont'd)

VENDOR	ADDRESS	PHONE	FAX	CONTACT PERSON
<i>Ocean State Community Resources</i>	310 Maple Avenue, Ste 102 Barrington, RI 02806	245-7900	245-7910	David Reiss
<i>PARI Independent Living Center</i>	500 Prospect Street Pawtucket, RI 02860	725-1966	725-2104	Paul Choquette
<i>People In Partnerships</i>	200 Main Street, Suite 230 Pawtucket, RI 02860	727-8002	727-8411	Lucille Corsi
<i>Perspectives Inc.</i>	1130 Ten Rod Road North Kingstown, RI 02852	294-3990	294-9879	David Rupell
<i>Providence Educational Collaborative (West Bay)</i>	797 Westminster Street Providence, RI 02903	456-9330	453-8699	Karen Vessella
<i>Providence Center</i>	530 North Main Street Providence, RI 02904	276-4120	276-4034	Dallas Gulley
<i>ReFocus, Inc.</i>	1228 Westminster Street Providence, RI 02909	272-1600	751-1378	Christine Kavanagh
<i>Riverwood Rehabilitation Services</i>	P.O. Box 897 399 Metacom Avenue Bristol, RI 02809	247-0173	247-0177	Annette Monigen
<i>Sargent Rehabilitation Center</i>	800 Quaker Lane Warwick, RI 02818	886-6600	886-6632	Colleen McCarthy
<i>Shake-A-Leg, Inc.</i>	P.O. Box 1264 Newport, RI 02840	849-8898	848-9072	Kristy Hart
<i>South Shore Mental Health Center</i>	P.O. Box 899, Old Post Rd., Rt. 1A Charlestown, RI 02813	789-1367	364-3310	Richard Antonelli
<i>Southern RI Educational Collaborative</i>	646 Camp Avenue North Kingstown, RI 02852	295-2888	295-3232	Alice Woods

CRP VENDOR CONTACT LIST (cont'd)

VENDOR	ADDRESS	PHONE	FAX	CONTACT PERSON
<i>Spurwink School II</i>	One Spurwink Place Cranston, RI 02910	781-4380	781-4396	JoAnn Malagrino
<i>TechACCESS</i>	110 Jefferson Blvd., Suite I Warwick, RI 02888	463-0202	463-3433	Judi Carlson
<i>Training Thru Placement</i>	20 Marblehead Avenue North Providence, RI 02904	353-0220	353-8126	Jack Haughey
<i>Trudeau Memorial Center (Kent County RIARC)</i>	250 Commonwealth Ave. Warwick, RI 02886	823-0051	828-8662	Dawn Fry
<i>West Bay Educational Collaborative</i>	144 Bignall Street Warwick, RI 02888	941-8353	941-8535	Rosemary Lavigne
<i>West Bay Residential Services</i>	158 Knight Street Warwick, RI 02886	738-9300	738-2787	Penelope Merris
<i>Westerly-Chariho Regional Center-Olean Center</i>	16 Granite Street Westerly, RI 02891	348-8380	596-4408	Tammy DaSilva
<i>Work Opportunities Unlimited, Inc.</i>	206 Smith Street Providence, RI 02903	521-4600	521-5111	Dale Williams

EMPLOYMENT SERVICES

Key Components

- ◆ The job is individually and specifically developed in accordance with the individual's strengths, abilities, preferences and service needs.
- ◆ The counselor uses his/her judgement whether to purchase this service for an individual and has determined that the individual is not able to secure employment on his/her own with the assistance of job placement services at no charge (e.g. ORS, PWI, netWORKri)
- ◆ The counselor uses this service for individuals who will benefit from other employment preparation services including resume writing and interviewing skills
- ◆ Employment services are available for those individuals capable of a self-initiated job search

Employment Services (SEE FLOW CHART)

- ◆ *Vocational Evaluation (3010) – twenty days at \$50 per day \$1,000
- ◆ Individual Pre-Placement Assessment (3011) – up to four-weeks \$400
- ◆ Job Development (6130) - \$500
- ◆ Job Placement (6131) - \$600
- ◆ Job Retention (6097) - \$500
- ◆ Time-Limited Job Coaching (6116) - \$50 per day, not to exceed forty days without a rationale
- ◆ Short-term Skills Training (6011) fees vary according to program, see fee schedule for more information
- ◆ Supported Employment (See Fee Schedule – SE Services)

Employment Service Descriptors:

Vocational Evaluation is requested by the counselor and individual to answer specific referral questions related to vocational functioning. The Vocational Evaluation Plan includes a situational assessment in the community unless the individual situation precludes this. The Vocational Evaluation process is completed with a report which describes the assessment methods, responds to referral questions including strengths and limitations. The report should also include planning services to reach vocational goal(s) and recommendations for vocational occupations to further explore.

Individual Pre-Placement Assessment is used to provide the means for evaluating an individual's vocational potential including the need for short and/or long-term supports. This assessment may be utilized during the eligibility determination period (pre status 12) and for situational assessments for an individual who may not enter supported employment services. **The time parameter for this service is approximately four weeks.**

EMPLOYMENT SERVICES (CONT'D)

The IPP can or may include assessment of:

- ◆ The individual's interests
- ◆ Prior assessment data if available – e.g. vocational evaluation (previously completed), social profile report, school reports, etc.
- ◆ Family consultation and desires
- ◆ Assistive technology needs
- ◆ Available extended service provider(s) and/or natural supports
- ◆ Individual functioning in actual work situations (situational assessment)

Job Development: Payment is made after the individual has been seen for an initial interview, and the provider has agreed to work with that individual to secure employment related to the vocational goal that the ORS counselor and individual agreed to. A statement of agreement signed by the individual and the provider will provide documentation. A resume, and interviewing skills training, should be included in the agreement as part of the authorization.

Job Placement occurs when a job match has been found by the vendor that is consistent with IPE goal. The job must be secured and a starting date agreed upon. A bill and the report from the vendor is required before payment is made. The report should include name of employer, number of hours and salary. It should include the date and summary of all activities which have assisted consumer in finding this job, as well as a detailed summary of the necessary short-term supports and accommodations, which will be used during the job retention phase.

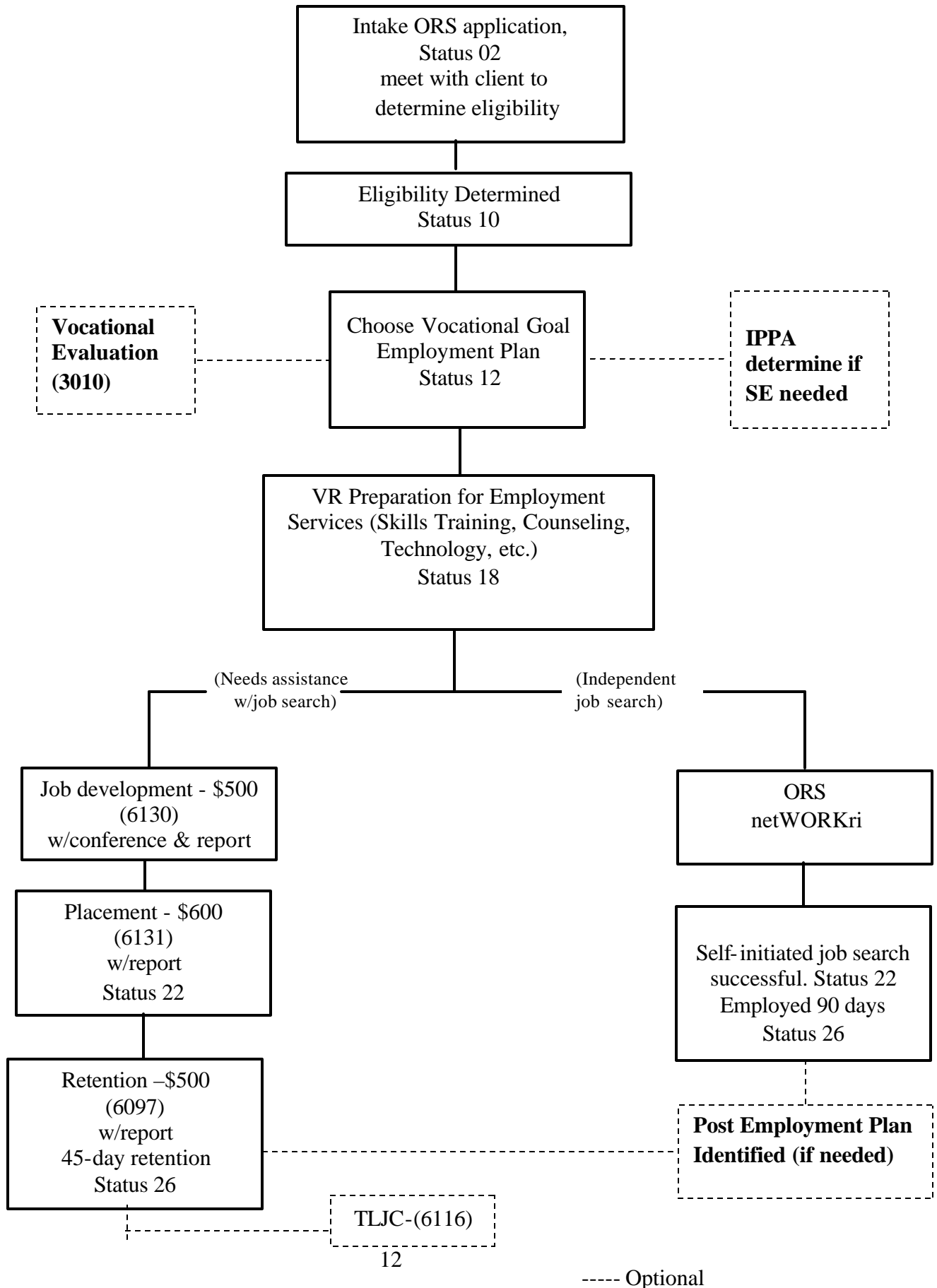
Job Retention: Retention services will be provided consistent with the job placement report. A minimum of 2 contacts per month with customer or employer is necessary to receive payment for retention. Payment is made to the vendor for employed individuals after they have held the job for seventy-five days – **case closure is expected and written report is received.**

Time-Limited Job Coaching is a service which can be provided to assist an individual with maintaining their employment. This service may be used after the forty-five day job retention period has ended. A report should include a clear and specific rationale, outlining the individual's needs to become independent while functioning in a job. This service is intended for individuals who do not require on-going supports to maintain employment (Supported Employment).

*** Vocational Evaluation SBVI (3072) for individuals with visual and neurological impairments (SBVI clients) are authorized at \$105.00 per diem.**

EMPLOYMENT SERVICES (CONT'D)

[\(Click for Text Version\)](#)



EMPLOYMENT SERVICES (CONT'D)

Goodwill Industries of Rhode Island – DARE Program
100 Houghton Street
Providence, Rhode Island 02904
Telephone: 861-2080
TTY: 331-2830

DEAF ACCESS TO REHABILITATION **AND EMPLOYMENT (DARE)**

Contact Person for DARE Program: Jan Luby x112

Vocational Evaluation (3444) \$100 per day	20 days
Work Prep (6093).....	40 days
Placement Follow-up (6205) \$100 per day.....	Individually Determined
Job Retention (6094)	\$1,000
Time-Limited Job Coaching (6203) \$100 per day	40 days

* * *

Rhode Island School for the Deaf
One Corliss Park
Providence, RI 02908
Telephone: 222-3525
TTY: 222-3888
Contact Person: Cheryl Hollingworth

Summer Work Prep Assessment (3528) \$2,400	8 weeks
--	---------

SUPPORTED EMPLOYMENT

(PLACE/TRAIN)

Key Components:

- ◆ Supported employment (SE) assists individuals with the most significant disabilities, who have been unsuccessful with traditional employment strategies and need ongoing supports, to choose, find and keep employment.
- ◆ SE is competitive employment (minimum or commensurate wages).
- ◆ Work must be in an integrated setting (person works and/or interacts among non-disabled population). Training occurs after placement.
- ◆ ORS provides intensive ongoing supports for a time-limited period (not to exceed 18 months). Long-term ongoing supports are provided through other funding sources.

Supported Employment Services (array) (SEE FLOW CHART):

- ◆ Job Development (6132) - \$500
- ◆ Job Placement (6133) - \$800
- ◆ No specific job development needed. On-Site Evaluation (3012)- \$1,000
- ◆ Supported Employment Training (6112) (12-20 weeks)- \$2,400 to \$4,000
- ◆ Supported Employment Hourly Extension (if needed) (6117) - \$15 per hour
- ◆ Transportation if needed (7777)

Supported Employment Service Descriptors:

The Job Development Service is for individual competitive job placements in an occupation represented by the mutually-agreed upon Employment Plan. The occupation of choice can be either full-time or part-time. An assessment to determine an appropriate job match has occurred prior to this service.

The Job Placement Service occurs at the place of employment the individual will retain. The vendor will provide a work site evaluation which includes a discrepancy analysis related to the job and the individual's needs.

The On-Site Evaluation is an evaluation at the work site of the job that the individual will retain. The report will provide information about the need and type of ongoing supports to be added to the Employment Plan. Duration of this service is typically four weeks, but can be extended with an appropriate rationale.

Supported Employment Training focuses on the needs of the client as they progress on the job towards hourly work goals, towards fading supports and on work support requirements on and off the job site. Training should lead to stabilization in the chosen job. Authorization for services is up to twelve weeks, and can be extended for an additional eight weeks with an appropriate rationale.

Supported Employment Hourly Extension is used in specific situations (with rationale for need) where the individual needs support to address a critical problem area that could jeopardize the employment outcome. The hourly extension represents actual support time spent with the individual.

SUPPORTED EMPLOYMENT (PLACE/TRAIN CONT'D)

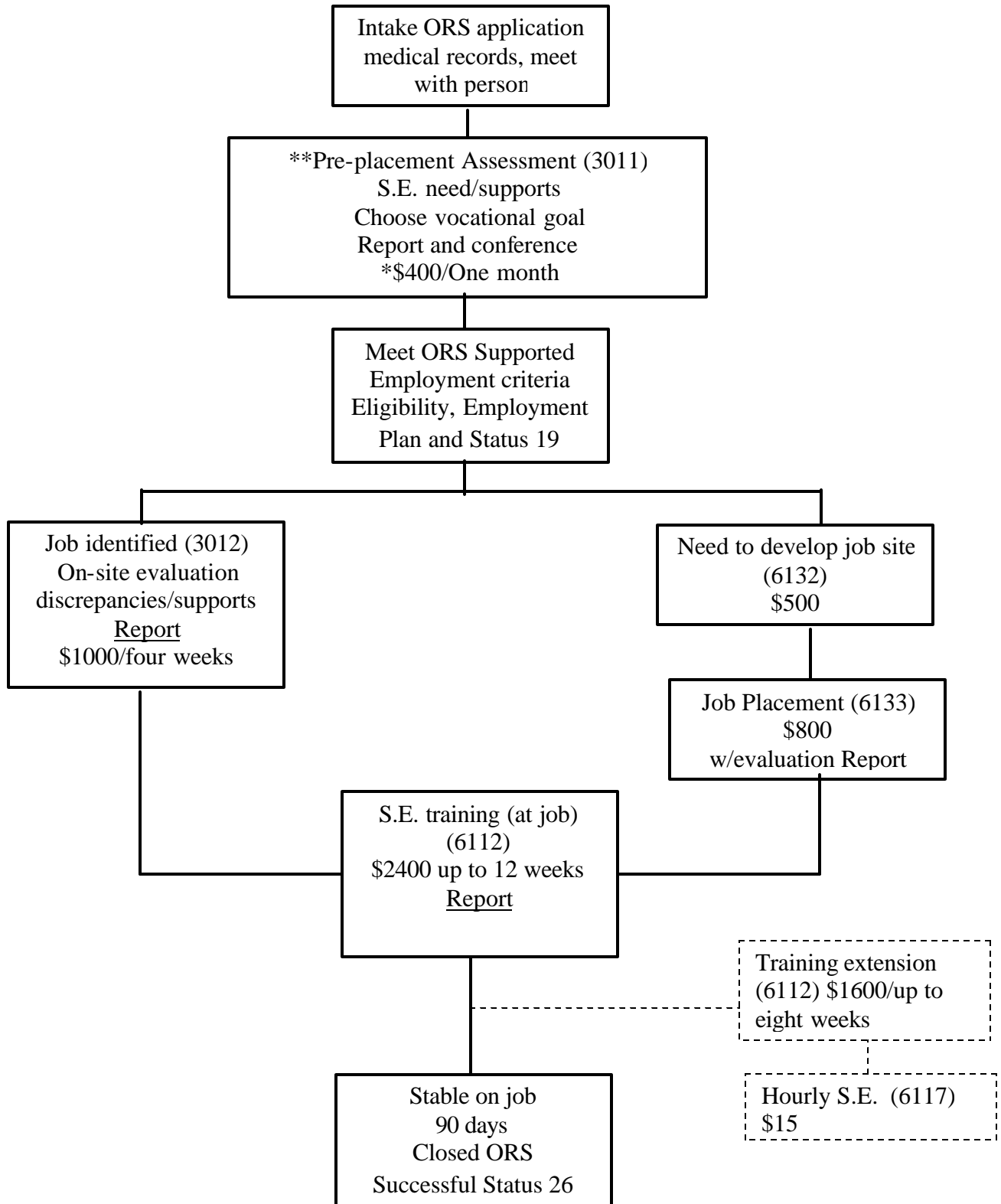
Supported Employment Service Descriptors (continued):

Transportation is utilized if not otherwise funded by another agency.

Long-Term Support is a key component of supported employment and is determined at the initiation of SE services. Funding for long-term supports is often provided through MHRH-Division of Developmental Disabilities and Division of Integrated Mental Health. Natural unfunded long-term supports may also be arranged to support the employee.

SUPPORTED EMPLOYMENT (PLACE/TRAIN CONT'D)

[\(Click here for Text Version\)](#)



* IPS model at East Bay MHC and Community Counseling Center receive \$1,200 for IPPA

** Informed choice may not choose to do IPPA

---- Optional, if needed

WORK ADJUSTMENT SERVICES

Work Adjustment Services (6105) are transitional, time-limited systematic training services which assist individuals toward their optimal level of vocational development. These services use real or simulated work to assist individuals to understand the meaning, value and demands of work; to learn or re-establish skills, attitudes, personal characteristics, and work behaviors, and to develop functional capacities. **Work Adjustment Services** may require environmental accommodations.

Work Adjustment Services are prescribed after Vocational Evaluation for individuals who require these services to reach community-integrated job placement goals including Supported Employment. Specific **Work Adjustment Services** are recommended and planned with anticipated time frames. **Work Adjustment Services** may incorporate a daily job coach provision to assist the individual toward community-integrated job placement. A review of services is completed at each 40 day of funding.

Each period of **Work Adjustment Services** is authorized for 40 days. The expected maximum time a person receives their services is 120 days. The outcome is community integrated job placement, including Supported Employment Services.

Work Adjustment Services which are required for adjustment to a facility-based extended sheltered employment outcome are funded only for 40 days. These cases, closed in Sheltered Employment, would be reviewed annually for assessment of the client's ability to work toward community-integrated placement.

Time-Limited Job Coaching within a work adjustment program would be authorized either in combination with facility-based **Work Adjustment Services** or as the final service provision in a competitive community job site. The anticipated parameter of Time-Limited Job Coach services is 40 days.

NOTE: In those cases where it is appropriate to utilize Time-Limited Job Coaching for situational experiences and assessment while someone is receiving **Work Adjustment Services**, the authorization for each day a job coach is used is \$50.00. **This is not added to the other work adjustment fee for that day, but is considered full payment for that day of services.**

Work Adjustment Authorizations (6105) are made for 40-day periods. These services typically occur at the RIArc's.

\$10.00 per day for 40 days...\$400
Up to 120 days...\$1,200

\$50.00 per day for Time-Limited Job Coaching, up to 40 days...\$2,000

HEAD INJURY SERVICES

Sargent Rehabilitation Center – Head Injury Program
800 Quaker Lane
Warwick, RI 02818
Telephone: (401) 886-6600

Services provided by Sargent Center for individuals with head injuries (HI) or traumatic brain injuries (TBI) will be focused on vocational rehabilitation and functions related to employment. Reporting will reflect the vocational emphasis.

Vocational Evaluation/Sargent (3017) – Authorize up to 10 days at \$195 per day.
Evaluation services include:

- ◆ Functional assessment, which relates to employment functioning
- ◆ Assessment of social interaction with emphasis on vocational functioning and work history
- ◆ Benefits and transportation assessments
- ◆ Neuropsychological assessment
- ◆ Cognitive rehabilitation and learning style assessments
- ◆ Rehabilitation technology needs (may refer for outside assessment)

Report and Conference:

The report will synthesize the evaluations and provide recommendations related to vocational development services. The report includes Sargent's Individual Rehabilitation Plan, a preliminary employment goal and job analysis, which is coordinated with the IPE.

A conference meeting will be scheduled by Sargent staff with the goal to interpret the results of the evaluation activities to the individual, family, and ORS counselor.

Work Prep/Sargent (6030) – Authorize \$115 per day.

The first authorization is for no longer than 80 days (shorter time if indicated through the evaluation). A second authorization can be made for up to 25 additional days (**Total Days 105**). If additional time is needed, approval must be made by a medical consultant and justified in the case record. **Total Work Prep/Sargent services cannot exceed 120 days.**

Work Prep/Sargent services include:

- ◆ Focus of services, including treatment, is on work preparation.
- ◆ Individualized services which assist the individual to reach his/her vocational goal and measure progress related to the vocational functional assessment completed during the evaluation.
- ◆ Services include vocational exploration as early in the process as possible.
- ◆ Rehabilitation services (PT, OT, Speech, etc.) will support the vocational plan and goal.

HEAD INJURY SERVICES (CONT'D)

Sargent Rehabilitation Center – Head Injury Program

- ◆ Review of progress must occur every two months.
- ◆ Referrals to other rehabilitation programs for employment services should be developed as early in the process as possible. ORS counselors and Sargent staff need to be in regular communication about progress.

If an individual has been placed in employment within the 105 days of service, the authorization for job supports continues at the \$115 rate using the Work Prep/Sargent service code (6030). If additional job coaching support services beyond 105 days are required at Sargent, they will be authorized under **Time-Limited Job Coaching (6116) at \$50 per day.**

Report and Conference:

A conference must be held before the completion of 80 days of services, which represents progress toward vocational goal and/or supports needed to obtain/retain employment. A conference must be held related to transition planning for any individual referred to another program or leaving the Sargent services for other reasons.

Goodwill Industries of Rhode Island – Head Injury (Re-Entry) Program

**100 Houghton Street
Providence, RI 02904
Telephone: 861-2080
TTY: 331-2830**

Re-Entry's Services provide the specific rehabilitative support services required by individuals with head injuries to reach employment goals. These support services include case management and consultation, occupational, speech and physical therapy on an individual basis, as needed.

Re-Entry Services:

Vocational Evaluation (3014)

\$105 per day for up to 20 days	\$2,100.00
---------------------------------	------------

Community Work Experience (6115)

\$105 per day for up to 20 days	\$2,100.00
---------------------------------	------------

Community Work Experience – Re-Entry Stipend (6108)

This service is provided when the employer is not paying the CWE trainee. Goodwill Industries of RI will determine, on an individual basis, the need for a stipend in accordance with the Department of Labor Standards.

For more information on the Head Injury Program that Goodwill Industries offers, please contact Shirl Berger at 861-2080, ext. 138.

SKILLS TRAINING SERVICES

Goodwill Industries of Rhode Island
100 Houghton Street
Providence, RI 02904
Telephone: 861-2080
TTY: 331-2830
Contact Person: Melissa Angell (x 117)

Work Prep (6096) \$3,900

Work Preparation includes: Job Readiness Skills Training, Career Exploration, Community Work Experiences, Vocational Case Management (as needed), Job Development and Job Placement.

Food Service Training (6011) \$50 per day up to 60 days.

Vocational Evaluation (3010) Goodwill Industries/VRI has agreed to enhance the situational assessment component of the **vocational evaluation** to include more community-based situational assessments (SAC). The fee for the SAC is an additional \$25/day for a total of \$75/day for up to ten days. Utilizing the 10 days of SAC would increase the cost of the VE from \$1,000 - \$1,250. If all 10 days are not used, please cancel the balance. When requesting a SAC, please be specific, including rationale, on your referral form.

SKILLS TRAINING SERVICES (CON'T)

**People In Partnerships, Inc.
200 Main Street Suite 230
Pawtucket, RI 02860
(401) 727-8002 Fax: 727-8411**

<u>PROGRAMS (6011) \$2,000</u>	<u>Additional Fees (6040)</u>	<u>Amount</u>
CNA	Book & Workbook	\$60
	Exam	\$70
	CPR (adult & infant)	\$45
	*Equipment (blood pressure cuff and stethoscope)	\$50
	*Uniforms	\$115
CHILD CARE	CPR	\$45
HUMAN SERVICES	CPR	\$45
WORD PROCESSING	Book	\$50

*Optional

In addition to Skills Training Programs, PIP is approved to provide:

Situational Assessments (3038) \$75 per day, not to exceed ten days.

A Situational Assessments is defined as a service which allow individuals the opportunity to interact in a real work environment to explore or support a vocational goal.

The following work sites have been identified for Situational Assessments:

Yesteryear's Café – food service (all aspects)
Card Smart Stores – customer service, cashier, stockroom, sales, etc.
People In Partnerships – office assistant, word processing, general clerical
Child Care Connections – child care (all aspects)
Eleanor Slater Hospital, nonspecified hotels – housekeeping, etc.
Nickerson House, and other private facilities – maintenance, janitorial

Reminder: PIP is an approved vendor for Time-Limited Job Coaching (6116). This service should be used as a support mechanism for job retention. **This service will be authorized at \$50/day, for up to ten days. If there is a need to use more than the ten days, discussion and rationale between PIP, the client, and the counselor is necessary.**

SPECIAL SERVICES

YOUTH TRANSITION SERVICES

TRANSITION SERVICES FOR STUDENTS WITH DISABILITIES PROVIDED UNDER THE THIRD PARTY COOPERATIVE AGREEMENT/PARTNERSHIP BETWEEN THE RIDE AND DHS/ORS

What is a Third Party Cooperative Agreement?

A Third Party Cooperative Agreement is an option available through the Rehabilitation Act to use state resources for match to garner unmatched federal dollars to develop and implement new patterns of vocational rehabilitation services for individuals with disabilities. . Since 1994, the RIDE and ORS have worked together to leverage state resources from RIDE to capture federal resources through ORS to implement new services and/or new patterns of vocational assessment and job placement services for students in all regions of the state. The programs are coordinated through **contracts** between the ORS and the five (5) RIDE-funded Transition Centers.

Describe the array of services available for ORS eligible students provided by the Regional Educational Collaboratives and Providence funded by this cooperative agreement.

- Five Regional Vocational Assessment/Career Discovery Programs are established.
- Regional Educational Collaboratives have hired staff: Vocational Evaluators, Employment Specialists, and Job Developer/Job Coaches and have purchased assessment tools and resources for career exploration.
- Career exploration is initiated with students, along with a comprehensive vocational assessment of interests, skills, aptitudes, abilities, learning styles, functional skills, job readiness, and work-related behaviors which result in recommendations for educational and career planning.
- Employer linkages have been established to enable job shadowing, informational interviews, situational assessment in work settings, and employer presentations.

Who uses these services?

ORS counselors who are liaisons to school districts along with educators, students and families decide whom to refer for assessment services. These services are already paid for through a contract with each Educational Collaborative and **no authorization** is needed. The approximate value of the service is \$3200. Students must be ORS eligible and the VR Counselor needs to approve the service.

THE TRANSITION RESOURCE CENTERS:

East Bay Transition Center	(401) 245-2045
Northern RI Transition Center	(401) 658-5790, TDD (401) 658-5795
Southern RI Transition Center	(401) 295-2888
West Bay Transition Center	(401) 941-8385
Providence School District	(401) 456-9230

SPECIAL SERVICES (CONT'D)

**Shake-A-Leg
PO Box 1264
Newport, RI 02840
Voice: 849-8898**

Email: shake@shakealeg.org

Contact Person: Kristy Hart, PT, Program Director

Shake-A-Leg (Vendor Code - SHAKE001) offers a 5-week summer program called “Body Awareness Therapy Program”. The program includes occupational therapy, physical therapy, aquatic therapy, and career counseling. **The fee for service is \$1,600 per week. Authorizations can be made on a weekly basis.** **The service code is 4039.** For more information contact Kristy Hart.

BLANK

INDEPENDENT LIVING CENTER SERVICES

PARI
500 Prospect Street, Pawtucket, RI 02860
Voice: 725-1966

FEE SCHEDULE

Consumer control is basic to independent living. Therefore, services are meant to increase the ability of individuals with significant disabilities to manage their own life. See Personal Care Assistant Policy. Send letter with authorization indicating consumer's issue or goal.

IL Assessments

Comprehensive IL Assessment (Employment) (3302) (including Personal Care Assistant Feasibility) done annually - \$350.00

Personal Care Assistant Assessment or Self-Care Assessment (3303) done every six months - \$140.00

Equipment Needs Assessment (3304) - \$140.00

Home Accessibility Assessment (3308) - \$140.00

IL Skills Training

Training to Manage a Personal Care Assistant (6082) - \$175.00

Managing Bowel, Urinary or Skin Care (6084) - \$140.00

Managing Equipment Acquisition and Use (6087) - \$105.00

Managing Benefits (6070) - \$105.00

Transportation Skills Training (6074) - \$140.00

Other IL Training to support Employment Preparation (6078) - \$105.00

Personal Care Assistant Services

COSTS:

Daytime (9400) - \$8.82 per hour plus .45¢ Administrative Fee for a total of \$9.27 per hour.

Nighttime (9401) - \$25.95 per night plus \$3.15 Administrative Fee for a total of \$29.10 per night.

SPECIAL SERVICES (CONT'D)

Tutoring Services (6098)

Must be provided by a qualified teacher (State of Rhode Island Certification needed) and/or college professor or instructor. \$25.00 per hour.

Individual Instruction (Not Tutoring)(6036)

In some situations, individual specialty instruction may be required to reach vocational goal. Fees can vary. Either use the tutoring fee as noted above or if this is discrepant with the going rate for a specific instruction, obtain 3 or more rates charged for the instruction and average the cost for ORS participation.

Interpreters for the Deaf (9202) and/or Deaf/Blind (9202) – See Appendix A

The Governor's Commission for the Deaf and Hard of Hearing (CDHH)

One Capitol Hill, Providence, RI 02908

Phone: 222-5300 (V); RI Relay – 711; 222-5301 (TTY)

(Referral Agency only – follow process in Appendix A)

This fee schedule will include a two (2) hour minimum in the event of a “No Show.” Less than 48-hour cancellation notice will obligate the agency to pay the two (2) hour minimum. Assignments lasting more than two (2) hours will be paid to the nearest quarter hour.

***Translation Services (9201)**

***Foreign Language Interpreters (9200)**

*** See the Master Price Agreement, which can be accessed from the internet via the following steps:**

1. <http://vip.purchasing.state.ri.us> (Division of Purchasing – Home Page).
2. Scroll down to Master Price Agreements (MPA) – left click on mouse.
3. Type in “Needed Service”. Scroll down to appropriate vendor – left click on mouse.

SPECIAL SERVICES (CONT'D)

TechACCESS of Rhode Island
Assistive Technology Resource Program
110 Jefferson Boulevard, Suite I
Warwick, RI 02888

Phone: 463-0202
Contact Person: Judi Hammerlind-Carlson

The following services are available through TechACCESS. First see Supervisor for clinical review to determine referral directly to TechACCESS or consult with the in-house Rehabilitation Technology Consultant

Rehabilitation Technology Consultant:

Lou Esposito, Bio\NEXUS, Inc.
Telephone: 800-485-5040
E-Mail: louesposito@cshore.com

Assistive Technology-Equipment Assessment (3097)..... \$850

Assessments are limited to computer access and use for all disabilities and general assistive technology applications for individuals who are blind or have low vision. Each assessment, including time with client, travel time, research time, etc. is expected to take approximately **eight hours**.

Assistive Technology – Augmentative Communication Assessment (3098) \$950

This assessment, including all components listed above, is expected to take approximately **ten hours**.

Both assessments include:

- Identification of client needs
- Identification of appropriate technology(s)
- Hands-on training with representative technologies as possible
- Formal written report with recommendations
- Follow-up meeting to review report and recommendations with client, rehabilitation counselor, and appropriate team members

Additional Assessment Hours \$95/hour

Use Service Code for the respective assessment (3097 or 3098)

TechACCESS must notify and discuss with the rehabilitation counselor the need for further assessment time prior to scheduling additional hours with the client.

SPECIAL SERVICES (CONT'D)

Assistive Technology – Professional Consultations:

Assistive Technology Application/Therapy/Training

Service Code (6121) \$95/hour

Professional consultation is directly related to recommendations from Assistive Technology/ Augmentative Communication Assessment. Therapy sessions are provided on an hourly basis to address specific intervention goals and objectives identified from assessments. A written summary report is provided at the conclusion of sessions, as requested.

Individualized training is provided to individuals at home, the worksite, or at TechACCESS to help them learn and reach competency with software or other assistive technology devices.

Technical Assistance

Service Code (6120) \$75/hour

Technical assistance is offered to help individuals at home, in the workplace or at the TechACCESS Center to install software, program/customize devices, and trouble shoot incompatibility problems.

Rehabilitation Technology Consultant:

Lou Esposito, Bio\NEXUS, Inc.

Telephone: 800-485-5040

E-Mail: louesposito@cshore.com

DRIVING EVALUATIONS(7122) and/or DRIVER TRAINING (7121)

PROVIDERS

ABC/ACE DRIVING SCHOOLS

29 Rhodes Avenue
Riverside, RI 02915

Phone: (888) 446-5189

Cell: (860) 208-9540

Contact Person: Tim Souza

Mailing Address: 242 Herrick Road
(all correspondence) Brooklyn, CT 06234

Vendor Code: ABCDR002

Mileages are taken from the Journal Bulletin Almanac. Distances are recorded from Providence. **This list includes only the 37 cities or towns farther than 20 miles.** All other 64 cities and towns are at the base rate of \$50 per hour. That included over three quarters of the clients. Please add \$28 for evaluations which are approximately 2 hours in length, and includes detailed, professionally prepared reports with recommendations for special equipment and/or driving restrictions. These fees include, in addition to the physically impaired, other disabilities such as learning deficits, deafness (special “signing” methods used), dyslexia, autism, illiteracy, agoraphobia and other severe mental blocks associated with driving fears. ABC/ACE Driving Schools will work together with psychiatrists and hypnotherapists when necessary. Techniques are kept up-dated by constant consultation with other health professionals, frequent visits to Rehabilitation Centers in the U.S., and acquisition of numerous publications. Rates are the same when client’s specially equipped van is utilized instead of ABC/ACE Driving School’s specially equipped dual-controlled training car.

Please include phone number and details on client.

MAXIMUM FEE

LOCATION	PER HOUR	LOCATION	PER HOUR
Within 20 miles (Providence)	\$50.00	Within 20 miles (Providence)	\$50.00
Adamsville	\$57.00	Narragansett Pier	\$60.00
Ashaway	\$68.00	Newport	\$60.00
Beavertail	\$61.00	Pascoag	\$53.00
Bonnet Point	\$59.00	Peacedale	\$60.00
Carolina	\$66.00	Point Judith	\$65.00
Charlestown	\$70.00	Quonochontaug	\$75.00
Exeter	\$52.00	Richmond	\$60.00
Galilee	\$64.00	Sakonnet Point	\$63.00
Green Hill	\$52.00	South Kingstown	\$55.00
Harrisville	\$53.00	Summit	\$52.00
Hope Valley	\$61.00	Wakefield	\$60.00
Hopkinton	\$66.00	Wallum Lake	\$54.00
Jamestown	\$57.00	Watch Hill	\$84.00
Kenyon	\$63.00	Westerly	\$75.00
Kingston	\$59.00	West Greenwich	\$60.00
Little Compton	\$60.00	Wyoming	\$61.00
Middletown	\$55.00	Yawgoog	\$63.00

DRIVING EVALUATIONS (VENDORS) CONT'D.

The Adaptive Driving Program

251 West Central Street
Natick, MA 01760

Phone: (401) 783-1880 (in
Rhode Island)
(800) 902-1770
(24 Hours)

Contact Person: Mark Whitehouse

Vendor Code: ADAPT001

\$100.00 for standard on the road evaluation
(1 – 1.5 hours with report)

\$80.00 for car training lessons (per hour)
\$110.00 for van training lessons (per hour)

To be authorized in blocks of ten sessions
with a written report and recommendations
submitted prior to re-authorization.

South County Hospital

Driver Assessment Program
Salt Pond Shopping Center
100 Kenyon Avenue
Wakefield, RI 02879

Phone: (401) 789-2044

Contact Person: Linda Curry

Vendor Code: SCHOS001

\$360.00 for driving assessment in car.
Includes on the road evaluation.

\$450.00 for driving assessment in van.
Includes on the road in modified van.
Please check with Linda prior to authorizing
Van Evaluation.

Rhode Island Hospital

Dept. of Rehab Medicine
The Coro Building, Suite 1300
One Hoppin Street
Providence, RI 02903

Contact Person: Laura Richard, OTR

Phone: (401) 444-5178
FAX: (401) 444-5089

Need eye examination, physician referral,
and client form prior to authorization.

Vendor Code: RIHOS003

Car and Van Evaluations

\$550.00

Crotched Mountain

1 Verney Drive
Greenfield, NH 03047

Contact: Don Sampson

Phone: (603) 547-3311
FAX: (601) 547-3232
Website: www.cmf.org

Car and Van Evaluations - \$150 per hour
(usually 2-3 hrs needed)

Vendor Code: CROTC001

Training in a sedan with hand controls -
\$60.00 per hour.

Training in a van with hand controls -
\$95.00 per hour.

Room and board - \$35 per day.

DRIVING EVALUATIONS (PROVIDERS) CONT'D.

The Mobility Center – Easter Seals of CT

158 State Street
Meridan, CT 06450

Phone: (203) 237-7835
FAX: (203) 237-9187

Car and Van Evaluations
Contact: Danielle Dell'Oso
Vendor Code: EASTE004
Price: \$455.00

Atlantic Driving Academy

33 Manhattan Street
Providence, RI 02904

Phone: (401) 331-3292

Contact: John Romano
Vendor Code: ATLAN004

Drivers Training \$25 per hour - 6 hours on
the road and road test (\$50)

TRAVEL TRAINING (7110)

First Authorization\$ 45.00

Second Authorization\$255.00

Accessing Community Transportation (ACT)

51 Puritan Drive
Warwick, RI 02888

Phone: (401) 461-5494

Contact: Mark Susa, President

Vendor Code: ACT0001

Cranston ARC

111 Comstock Parkway
Cranston, RI 02920

Phone: (401) 941-1112

Contact: Erin Ferns

Vendor Code: RIARC002

Note: Population served is transition
students.

First Authorization: This service establishes that public transportation is appropriate for the individual depending upon the availability of RIPTA service for the desired location and travel destination. Some people may not be able to participate in this program due to lack of public transportation in their area, or the bus routes and schedules not meeting their transportation needs.

Second Authorization: The Travel Training is individualized for each individual. A questionnaire may be used to determine strengths or need for extra training. The following areas are considered in developing a Travel Training Plan:

- Ability to move from place to place
- Ability to travel long distances
- Ability to stand for a prolonged period
- Balance
- Ability to use stairs
- Sight, need for glasses
- Hearing, need for hearing aids or other corrective devices
- Eating; special foods or problems with swallowing

- Seizures, any pre-warnings or other special instructions
- History of public transportation use
- Need for or possession of bus pass
- Prior training and experience using public transportation
- Ability to travel independently
- Appropriate behavior with strangers
- Ability to recognize community workers

- | | |
|--|---|
| <ul style="list-style-type: none"> ○ Knowledge of what to do if lost or ill ○ Ability to find destination with given directions ○ Knowledge and ability to assert passenger rights ○ Ability to identify names and numbers | <ul style="list-style-type: none"> ○ Ability to locate a telephone ○ Ability to dial a telephone ○ Ability to tell time ○ Ability to read and understand a bus schedule |
|--|---|

The Individual Travel Plan includes how provider will assist the individual with his/her:

- Ability to move purposefully within the environment
- Ability to leave for bus at the appropriate time
- Ability to find and identify the bus stop
- Ability to identify proper bus
- Ability to board, pay fare/show bus pass and choose appropriate seat
- Ability to watch for landmarks, signal for stop, disembark
- Ability to negotiate personal travel route

Types of Travel Assistance for the Individual:

- A plan drawn up for best route to desired location using the appropriate bus schedules.
- Small cards made up with pertinent information, e.g. destination (to show driver), home address and important phone numbers.
- If needed, photographs will be taken to help guide trainees who need visual cues to help them find the correct bus stop, route, and destination.
- Initial training that includes 3 or 4 trips (time to be determined by route(s), distance, transit schedules and need for return trip).

Training Includes:

- The trainee will be met at the location of departure which best suits the need of the trainee.
- The trainee will be shown a bus schedule with appropriate times and locations highlighted.
- The trainee will be accompanied to the appropriate bus stop.
- If needed, the trainee will be accompanied to the RIPTA office to obtain a bus pass during the first trip.
- The trainee will receive instruction on how to signal the bus driver to stop to be picked up.
- The trainee will be shown how to deposit bus fare or show pass.
- The trainee will be shown how to be properly seated for ride.
- During the ride, the trainee will review bus rules.
- The trainee will be instructed to watch for landmarks as destination approaches.
- The trainee will learn the correct way to alert driver by signaling or walking to the front of bus just before stop.
- The trainee will be taught the proper way to exit the bus.
- The trainee will be accompanied to the destination place.
- The trainee will be returned to departure point via RIPTA bus if desired.
- The trainee will receive instruction in safety rules. After each training session progress notes will be completed to monitor program and assess need for more training.
- Trainees will be shadowed during the initial phase of independent travel to insure their comfort and ability to travel without assistance. (This part of training would require at least one additional unit of training.)
- Only when all the necessary travel skills are mastered and the trainee and trainer feel confident about the trainee's ability will independent travel begin.

Report: Provider will generate a report and make recommendations for the amount of additional training and/or accommodations required to meet the individual's employment/independent living goal.

CHILD CARE SERVICES
(Service Code 9300)

DEFINITION OF PROVIDER GROUPS

Licensed Day Care Centers:

Community-Based Centers such as Child Care Connection, Little Tots, Growing Children, etc.
Licensed by DCYF on a yearly basis.

Group Family Day Care Homes:

Home-based childcare services that can provide child care for nine to twelve children. Licensed by DCYF on a yearly basis.

There are less than ten of these providers in RI, reasons for this is the strict standards – zoning concerns, rigid environmental standards, etc.

Certified Family Day Care Homes:

Most common home-based provider in the state, there are currently over a thousand providers. These providers can accommodate up to eight children, with an assistant. Without an assistant, they can take up to six children.
Licensed by DCYF for a **two year period.**

Relative Care Provider:

Department of Human Services requires: B.C.I., DCYF (C.A.N.T.S.) background on provider.

In-Home Care:

Department of Human Services requires: B.C.I., DCYF (C.A.N.T.S.) background on provider.

CHILD CARE SERVICES (CONT'D)

WEEKLY PAYMENT RATE SCHEDULES

SCHEDULE I

[\(Click Here for Text Version\)](#)

	<u>INFANT/TODDLER</u>			<u>PRE SCHOOL CARE</u>		
	Full Time	Half Time	Quarter Time	Full Time	Half Time	Quarter Time
Licensed Day Care Center	\$182.00	91.00	45.00	150.00	75.00	37.00
Group Family Day Care Home	150.00	75.00	37.00	150.00	75.00	37.00
Certified Family Care Homes	125.00	62.50	31.25	125.00	62.50	31.25
Relative Care	81.00	40.00	20.00	54.00	27.00	13.00
In-Home Care	74.00	37.00	18.00	50.00	25.00	12.00

CHILD CARE SERVICES (CONT'D)

WEEKLY PAYMENT RATE SCHEDULES

SCHEDULE II

[\(Click Here for Text Version\)](#)

	<u>SCHOOL-AGE CARE</u>		
	School in Session		School out Session
	A.M.	P.M.	
Licensed Day Care Centers and after school facilities	\$50.00	\$85.00	\$135.00
Group Family Day Care Homes	55.00	80.00	135.00
Certified Family Care Homes	40.00	60.00	120.00
Relative Care	18.00	26.00	53.00
In-Home Care	17.00	24.00	49.00
Summer Day Camps	N/A		43.00

A.) Age Group Definitions

- **Infant/Toddler:** This is a child from the age of one week up to three years old.
- **Pre-School:** This is a child from age three years up to age six years.
- **School Age:** This is a child from age six years up through age twelve years.

CHILD CARE SERVICES (CONT'D)

CHILD CARE SERVICE DEFINITIONS

B. TIME DEFINITIONS

1. Daily Basis

- a.) Full Time: A full day of service equals care provided five or more hours.
- b.) Half Time: A half day of service equals care provided more than two and less than five hours per day.
- c.) Quarter Time: A quarter day of service equals care provided less than two hours.

2. Weekly Basis

When determining the amount of weekly payment for childcare services, the following weekly definitions are used. The definitions vary according to the activity in which the client participates and the amount of time spent in such activity.

- a.) **Full Time:** Full Time Child Care is available when one of the following conditions is met:

Employment:

A client is working 20 hours or more per week during the Sunday through Saturday period.

Education and Training:

A client is attending an education or training program, below the post secondary level, for 20 hours or more per week.

Post-Secondary Education:

A client is attending college 12 credit hours or more.

- b.) **Half Time:**

Half Time Child Care is available when one of the following conditions are met:

CHILD CARE SERVICES (CONT'D)

Employment

A client is working at least 10 hours or more, but less than 20 hours per week.

Education and Training

A client is attending an education or training program, below the post secondary level, for a minimum of 10 hours or more, but less than 20 hours per week.

Post-Secondary Education

A client is attending college four (4) to 11 credit hours.

c.) **Quarter Time**

Quarter Time Child Care is available when one of the following conditions are met:

Employment

A client is working less than 10 hours per week.

Education and Training

A client is attending an education and training program, below the post secondary level for less than 10 hours per week.

Post-Secondary Education

A client is attending college less than four (4) credit hours per week.

**Department of Human Services
Office of Rehabilitation Services
Child Care Checklist**
(Attach to ORS Authorization Request Form- Tblue)

Date: _____

ORS Client Name: _____ SS#: _____
Counselor: _____

Support Services for: ☐ Employment ☐ Training ☐ Job Search ☐ Other

Name, Address and Telephone Number of Day Care Provider:

Please specify if day care provider is:

- | | |
|--|---|
| <input type="radio"/> Licensed Day Care Center | <input type="radio"/> Group Family Home |
| <input type="radio"/> Certified Family Home | <input type="radio"/> Relative Care |
| <input type="radio"/> In-Home Care | |

For New Vendors (other than Licensed Day Care Centers)

DCYF License No.: _____
Date of Expiration: _____

Child Care provided for:

Child's Name	Age	Full-Time	Half-Time	Quarter-Time	# of Days Per Week
--------------	-----	-----------	-----------	--------------	--------------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Projected time services will be needed:

- ☐ Week
☐ Month
☐ Semester
☐ Other (please specify) _____

(Please refer to the Child Care Services – Weekly Payment Rate Schedules – Schedules I & II for Agency Fees)

MEDICAL AND PSYCHOLOGICAL SUPPORT SERVICES

Program Requirements

1. The diagnosis and name of referring physician must be indicated when applicable on all claims for payment submitted to the ORS Program. The ORS Program is required by federal regulations to maintain a vigorous and continuous utilization review of all claims submitted by all participating health care practitioners for medical services and supplies provided eligible recipients of the program.
2. It is important to note that the fees listed in this fee schedule apply only when such services are not available to the general public at a lesser rate. In those instances, in which a provider makes services available at less than the rates indicated in the fee schedule, payment will be made in accordance with the lesser rate.
3. Federal regulation and the requirements of the Office of Rehabilitation Services mandate that payment made in accordance with the allowances listed in this fee schedule must be considered as full and total payment for these services. The Office of Rehabilitation Services cannot permit any arrangement which would require eligible consumers, or anyone else, to provide supplementary payment.
4. Payment for any prior authorized services can only be made if the services are provided while the case remains active for the Rhode Island VR Program through ORS.
5. Specific medical and dental x-ray services and clinical laboratory not listed in this fee schedule can be considered for payment on the basis of medical necessity leading to employment. Such services will require prior authorization, and the amount of payment will be determined on an individual consideration basis by administrative and/or consultative staff.
6. Providers of service must sign the billing form. Signature stamps or person signing for the provider are not acceptable.
7. Providers must utilize other third party resources, such as Federal Medicare, Blue Cross/Blue Shield, or other private health or casualty insurance coverage, when available, prior to billing the ORS Program.
8. Providers must bill with required report once the service has been provided. If a payment has not been paid after 90 days of original invoice, the vendor can call the Fiscal Office and inquire or send a second notice (copy of original invoice/report).

GENERAL MEDICAL SERVICES
(SERVICE CODES ARE IN PARENTHESIS)

General Medical Examination - \$95.00 (3000)

(The fee for a General Medical Exam will be the same for all doctors)

History and complete examination of all body systems with written report.

(An additional \$15.00 is to be added to the regular fee for home visit). (3005)

Cardiological Evaluation - \$95.00 (3105)

Dental Evaluation - \$30.00 (3020) – refer to Dental Section

Endocrinological Evaluation - \$95.00 (3080)

Internal Medicine Evaluation - \$95.00 (3001)

(can also be used for Pulmonary Evaluations)

Neurological Evaluation - \$95.00 (3050)

Neurosurgical Evaluation - \$95.00 (3055)

Ophthalmological Evaluation - \$95.00 (3130) – refer to Vision Section

Orthopedic Evaluation - \$95.00 (3060) – refer to OT & PT Section

Otolaryngological Evaluation (Ear, Nose, Throat) - \$95.00 (3177) – refer to Hearing and
Speech Section

Otological Evaluation - \$95.00 (3145) – refer to Hearing and Speech Section

Physiatry Evaluation - \$95.00 (3065) – refer to Occupational Therapy and Physical
Therapy Section

Plastic Surgery Evaluation - \$95.00 (3095)

GENERAL MEDICAL SERVICES (CONT'D)

Podiatric Evaluation - \$50.00 (3123)

Psychiatric Evaluation - \$95.00 (3160)

Rheumatology Evaluation - \$95.00 (3174)

Surgery (4052) Discuss with Medical Consultant prior to authorization

Surgical Evaluation - \$95.00 (3100)

Urological Evaluation - \$95.00 (3090)

DENTAL SERVICES

Dental Evaluation - \$30.00 (3020)

**Dental Treatment – (4150)

**Dental Surgery – (4152)

Dentures (full upper, full lower) - \$315.00 each. (5300)

**X-Rays / Specialized X-Ray evaluations (3400)

**Laboratory Tests (3500)

**Treatment (NEC) (4999)

CONSULTANTS

Medical – Dr. Conklin, Tuesday and Friday mornings, Ext. 363

Psychological – Dr. Litchman, Monday and Wednesday, 7:00am – 11:00am, Ext. 333

Dental – Dr. Vaillancourt, 1st Wednesday of the month or by consultation if necessary, Ext. 363

**** PRIOR APPROVAL BY APPROPRIATE CONSULTANT IS REQUIRED.**

HOSPITAL-BASED CLINICS

The following is a list of hospitals and hospital-based clinics that have provided services to our clients. The list may not represent all of the clinics/services available at that hospital. When referrals are made, the counselor should ascertain the fee for the service from the hospital or clinic and list the cost on the ORS Authorization Request Form.

<u>Vendor Code</u>	<u>Vendor Name</u>	<u>Phone Number</u>
BRADL003	BRADLEY (EMMA PENDLETON) HOSPITAL	432-1000
BUTLE003	BUTLER HOSPITAL	455-6200
HEALT007	HEALTH SOUTH NEW ENGLAND REHAB	456-4500
KCHOS001	KENT COUNTY HOSPITAL	737-7000
LANDM001	LANDMARK MEDICAL CENTER (WOON.)	769-4100
MEMOR001	MEMORIAL HOSPITAL	729-2000
MIRIA001	MIRIAM HOSPITAL	793-2500
NEWPO008	NEWPORT HOSPITAL	253-4063
NEWPO007	NEWPORT HOSPITAL OB/GYN BORDAN	253-4063
NEWPO011	NEWPORT HOSPITAL PHYSIATRY	253-4063
RIHOS002	R I HOSPITAL CARDIOLOGY FOUNDATION	277-0700
RIHOS003	R I HOSPITAL	444-4000
RIHOS001	R I HOSPITAL – PSYCHIATRY DEPT.	277-0701
RIHOS007	R I HOSPITAL NEURO-PSYCHOLOGY	444-4500
RIHOS009	R I HOSPITAL REHAB SERVICES	444-5485 or 444-5418
ROGER002	ROGER WILLIAMS HOSPITAL	456-2000
SCHOS001	SOUTH COUNTY HOSPITAL, INC.	782-8000
STJOS001	ST. JOSEPH’S HOSPITAL	456-4500
STJOS002	ST. JOSEPH’S HOSPITAL FATIMA	456-3000
FOGAR001	THE REHABILITATION HOSPITAL OF RI	766-0800
WESTE002	WESTERLY HOSPITAL	596-6000
WOMAN001	WOMAN & INFANTS HOSPITAL	274-1100

OCCUPATIONAL THERAPY AND PHYSICAL THERAPY SERVICES

*Functional Capacity Evaluation - \$450 (3525)

A licensed Physical Therapist or Occupational Therapist will perform the evaluation.

***PRE-REQUISITE: THE CLIENT SHOULD HAVE BEEN SEEN BY A PHYSICIAN OR THE COUNSELOR SHOULD CONSULT WITH MEDICAL CONSULTANT TO DETERMINE CAPACITY TO TAKE PART IN THE EVALUATION.**

Orthopedic Evaluation - \$95.00 (3060)

Physiatry Evaluation - \$95.00 (3065)

Physical Therapy Evaluation - \$100.00 (3035)

Physical Therapy (Hourly Rate) - \$50.00 (4030)

Occupational Therapy Evaluation - \$100.00 (3030)

Occupational Therapy (Hourly Rate) - \$50.00 (4040)

VISION SERVICES

Low Vision Evaluation - \$70.00 (3071)(includes follow-up visits)

Visual Field Test - \$35.00 (3128)

Ophthalmological Evaluation - \$95.00 (3130)

Optometric Evaluation w/ refraction - \$50.00 (3126)

The Office of Rehabilitation Services will pay up to \$60.00 toward the cost of eyeglass frames.

Ocular Prosthetics

*Custom Prosthetic Eye - \$720.00 (5125)

*Clear Scleral Shell (Phase I) - \$235.00 (5125)

*Custom Scleral Shell (Phase II) - \$975.00 (5125)

*** This fee will include all adjustment visits in connection with the fitting.**

Vendors for Ocular Prosthetics:

Jahrling Ocular Prosthetics, Inc.
50 Staniford Street, 8th fl.
Boston, MA 02114
(617)-523-2280
E-Mail: www.jahrling.com

Jahrling Ocular Prosthetics, Inc.
South Side Medical Offices
120 Dudley Street, Suite 202
Prov., RI 02905
454-4168 Mon. & Tues. 7:30/am-4:00/pm

Consultants

Vision – Dr. Robert Bahr, First Thursday of every month, 9:00am – 10:00am
Dr. Robert Kinder, 3rd Tuesday of every month, 9:00am – 10:00am

To coordinate a consultation, call Susan Osborne, ext. 422.
Consultations are held in Training Room C, 3rd Floor.

HEARING AND SPEECH SERVICES

Speech Evaluation - \$100.00 (3178)

Speech Therapy - \$50.00/Hour session (4045)

Audiological Evaluation - \$50.00 (3210)

Otolaryngological Evaluation (Ear, Nose, Throat) - \$95.00 (3177)

Otological Evaluation - \$95.00 (3145)

Hearing Aid Assessment - \$30.00 (5005)

Assistive Listening Device Evaluation - \$35.00 (3096)

Ear Molds - \$40.00 each (5015)

Hearing Aids: (5010)

The Office of Rehabilitation Services will make payment for hearing aids provided to eligible consumers as follows:

1. Standard hearing aids will now have a flat rate. A cost validation form is needed

Monaural

Body Aid, In-the-ear, Behind-the-ear, the rate is \$575.00

Binaural

In-the-ear, Behind-the-ear, the rate is \$1050.00

2. Digital Hearing Aids, FM-Systems

The rate is cost plus \$250.00 for one aid. For two aids, the rate is cost plus \$375.00 (\$250.00 mark-up for 1st aid, and an additional \$125.00 for 2nd aid). Again, a cost validation form is needed.

Please remember that the Office of Rehabilitation Services makes payment for hearing aids for eligible consumers only. It should be noted that all hearing aids provided must be unconditionally guaranteed for both parts and services for a period of one year from the date on which the aid is provided to the recipient. A cost validation form and a 30-day trial are required prior to authorization.

Hearing Aid Repairs: (9001) (When hearing aid is out of warranty)

Manufacturer repair. This is for repairs done by the manufacturer - recasing, replacement, and extensive repairs. These repairs include a 6-month warranty that covers all subsequent repairs within this period. The rate is manufacturers cost plus \$25.00. A repair cost validation form is required.



State Of Rhode Island & Providence Plantations

*Department Of Human Services
Office Of Rehabilitation Services
40 Fountain Street
Providence, RI 02903
Voice 421-7005 ~ FAX 222-3574
<http://www.ors.ri.gov>*

HEARING AID COST/REPAIR VALIDATION FORM

Customer Name: _____

Address: _____

**I certify that the cost* of each hearing aid or repair,
model number _____, is \$ _____
as of this date ____ / ____ / ____.**

These aids are: Standard _____ Digital _____

Signed: _____

Company: _____

*** Cost** – The actual cost of, or repair of, the above instrument to the dealer, including all discounts of volume purchase, promotional programs, and shipping/receiving.

Psychological, Neuropsychological, Therapeutic Services

Psychological services are defined more specifically with decisions necessary for types of testing and evaluations. Counselors are advised to order only what is necessary. The Psychological Consultant can assist you with decision-making.

USE OF CONSULTANT: The Psychological Consultant is available to supplement the Counseling and Guidance functions of the Counselor. Face-to-face meetings are the best way to discuss the situation and make decisions about types and implications of testing. The Consultant can assist to frame the questions to ask the Evaluator, analyze the reports, discuss the rehabilitation issues related to disorders, and relate the reports and needs to vocational planning and employment.

VOCATIONAL APPRAISAL (3186): The purpose of the Vocational Appraisal is to evaluate interests, aptitudes, personality, adaptive functioning related to work and vocational planning. Testing includes a diagnostic interview. The issues addressed in a Vocational Appraisal do not relate to Axis I or II and there is no expectation for clinical interventions.

Usual time is 3 hours

Authorize \$175.00

CLINICAL EVALUATION (3170): The purpose of a Clinical Evaluation is to differentiate between Axis I and Axis II disorders for purposes of moving forward in vocational planning to employment, and to assess cognitive strengths and barriers as well as adaptive strengths and limitations of an individual. Testing services include diagnostic interview, history, summary IQ testing (e.g. Otis-Lennon) as appropriate, projective and/or personality testing.

Usual time is 3 hours

Authorize \$175.00

INDIVIDUAL IQ TESTING – WAIS III or STANFORD BINET (3184): Individual tests are authorized separately as required by the clinician, consultant, or from counselor assessment. Note that a summary IQ test is included in the Clinical Evaluation and Vocational Appraisal.

Authorize \$50.00

LEARNING DISABILITY ASSESSMENT (3052): Included in the fee will be a diagnostic interview and the following tests, as appropriate: a cognitive test yielding an Intelligence Quotient (one of the following will be used: WAIS III Woodcock – Johnson Psycho-Educational test Battery Revised or W J-R, Stanford-Binet Intelligence Scale: fourth edition, Achievement testing as appropriate, and a Form L-15 for accommodation.

Authorize \$325.00

If ADHD is suspected, add authorization for a Psychological Evaluation (3165): (authorize \$35.00), which will evaluate through a separate clinical interview, Attention Deficits, Behavior Deficits, or both. Please discuss all testing requests and reports with Dr. Litchman in order to more effectively frame questions to the Clinicians or to interpret the tests related to vocational planning.

Psychological, Neuropsychological, Therapeutic Services (CONT'D)

NEUROPSYCHOLOGICAL TESTING (3167): The purpose is to evaluate effects of Cerebral Head Injury (CHI), Traumatic Brain Injury (TBI), and Cerebral Vascular Accident (CVA) Dementia. Testing includes Individual I.Q. Specific referral questions must be asked (please see Consultant). **Authorize \$250.00**

PSYCHOLOGICAL TESTING FOR DEAF INDIVIDUAL (3166)

Basic fee \$140.00. Add four hours sign language at \$20.00 per hour. Total fee - \$220.00.
No show - \$65.00 per hour.

***PSYCHOTHERAPY AND COUNSELING:**

Psychological Counseling (4035) (50 minute hour)...\$30

Clinical Social Worker (4036) (50 minute hour)...\$35

Mental Health Counseling (4445) (50 minute hour)...\$25

*ORS may provide up to twenty (20) sessions of therapy. The therapist is required to submit a progress report at the completion of ten (10) sessions, and a final report at the completion of twenty sessions. (Policy 115.35).

Please note:

Hospital based clinical assessments are authorized at the fee established by the hospital. Please contact the specific departments directly to discuss the rehabilitation questions and obtain fee.

Appendix A

INSTRUCTIONS FOR REQUESTING SIGN LANGUAGE INTERPRETER THROUGH CDHH INTERPRETER REFERRAL SERVICE:

A) **CLIENT REFERRALS:**

- 1) A counselor must send a T-Blue form to the fiscal office to request that an authorization be created for sign language interpreting, using the CDHH as the vendor (COMMI002). If a particular interpreter needs to be requested, please indicate this on the T-Blue form. Authorization should be made for the required time at the maximum rate of \$50 per hour.
- 2) The fiscal office will create the authorization letter & fax to the CDHH, therefore, the counselor should **NOT** send out the vendor copy of the authorization letter.
- 3) CDHH will schedule a vendor on the service date(s) requested and contact the counselor to confirm.
- 4) CDHH must notify the interpreter of the ORS authorization number and the client's name at the time of engagement acceptance.
- 5) Following service completion, the interpreter will send their own invoice directly to ORS. The invoice must include the authorization number and client's name before being signed by the counselor for payment approval.
- 6) The fiscal office will change the authorized vendor to the interpreter and pay them directly, from an MPA release, at the rate charged by that interpreter.

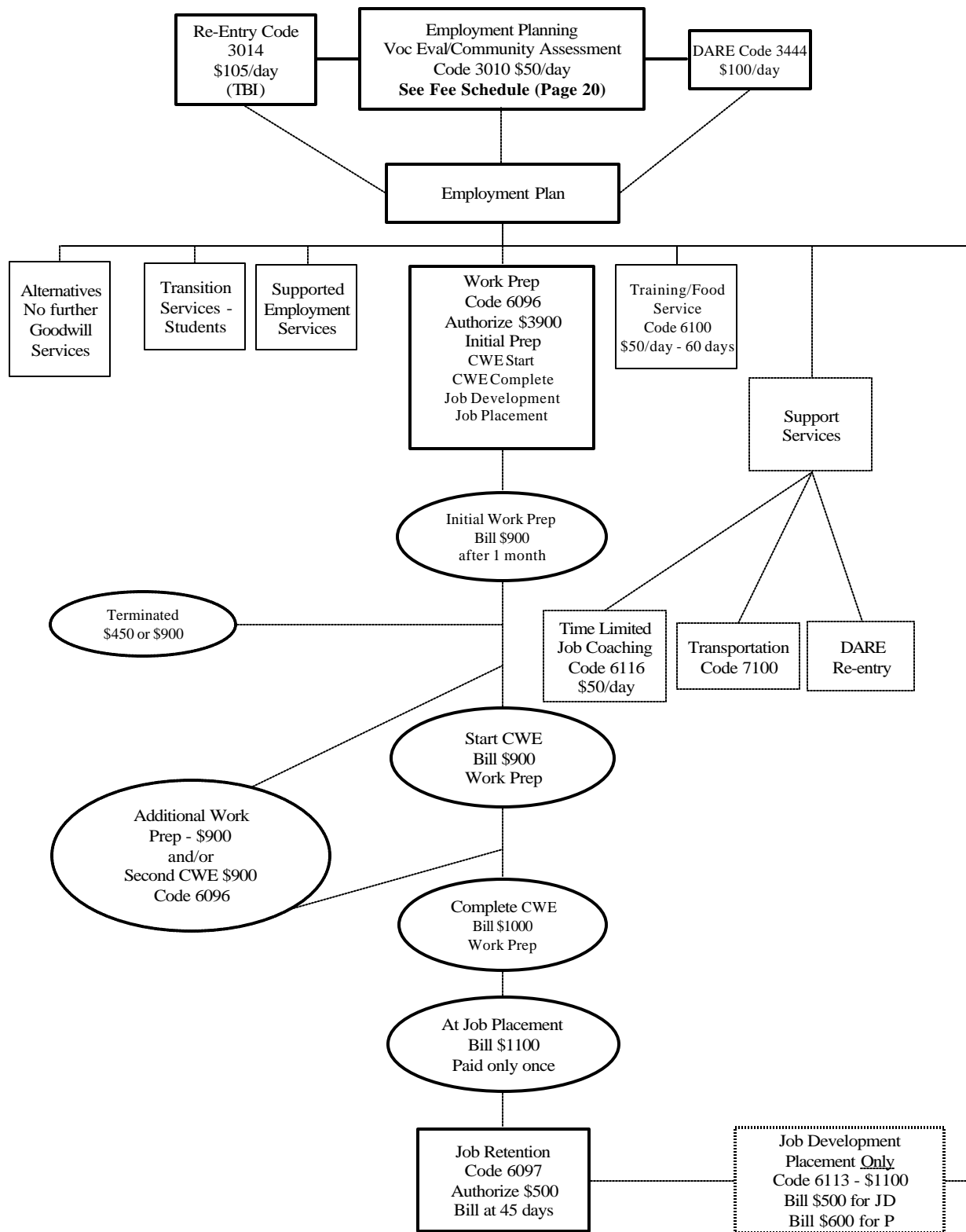
B) **STAFF REFERRALS:**

- 1) One week before the start of each month, the staff person must create a spreadsheet of all required service dates for the upcoming month and e-mail it to CDHH with a copy to Rosemary Feeny in the fiscal office.
- 2) The authorization number must be apparent on this spreadsheet and should be the first day of the new month requested (ex. 040103 for all requests in the month of April 2003).
- 3) The CDHH will schedule vendors for the various dates requested and contact the staff person to confirm appointment(s) for the upcoming month.
- 4) Following each service completion, the interpreter will send an invoice directly to ORS, referencing the authorization number and staff person's name.
- 5) The invoice must be approved by the staff person making the request and sent to the fiscal office for payment.
- 6) The fiscal office will pay the vendor directly through an MPA release, at the rate charged by that interpreter.
- 7) A log of all staff requests will be kept in the fiscal office and a reference of each invoice number and payment date will be listed next to each request to ensure no duplicate payments are made.

NOTE: The current statewide cancellation policy is still in effect, so we must pay for services even if an ORS client or staff member did not participate.

Appendix B - Deleted

ORS/Goodwill Fee Schedule (Effective 1/02)



--- Optional